SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 S DE

APPLICATION FOR PERMIT Date Stamp (Received)
MAR 27 201/

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Date:

Amount Paid: Permit #: \$3 におった き出している。

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Attached				
***********	: - + - (Ó	d	Tacion report to the property of the second
Written Authorization	Agent Mailing Address (include City/State/Zip):	Agent Mailing Add	Agent Phone:	Authorized Avent: (Person Signing Application on behalf of Owner(s))
				a a
Plumber Phone:		Plumber:	Contractor Phone:	Contractor:
10-18-03				W Jackson Cake PR
Cell Phone:			City/State/Zip:	Address of Property:
) = 2	I CEENAL, WE JANTE	2		ナークグロング プロルグ
			48 158 .2 598	
Telephone:	City/State/Zip:		Mailing Address:	Owner's Name:
A	USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER	□ CONDITIONAL	NITARY □ PRIVY	🚫 type of permit requested—👆 🛽 land use 🔟 sanitary 🗓 privy 🖟 conditional use 🗇 special L
			O APPLICANT.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
				Checks are made payable to: Bayfield County Zoning Department.
	Refund:		Bayfield Co. Zonling Dept.	INSTRUCTIONS: No permits will be issued until all fees are paid.

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Section

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, Township

2

N, Range 🔘 🛵

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Town of: Grand

View

Acreage

46560

_1/4,

PROJECT LOCATION

Legal Description: (Use Tax Statement)

Tax ID# (4-5

Gov't Lot

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CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Recorded Deed (i.e. #a

tassigned by Reg

zer of Deeds)

South

Shoreland

 $\sqrt[4]{}$ Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue

A

Distance Structure is from Shoreline :

Distance Structure is from Shoreline:

feet

Is Property in Floodplain Zone?

Present?

Res

Are Wetlands

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)

Creek or Landward side of Floodplain? ||f yes---continue -->

If yes---continue

↓

Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	em Water
	New Construction	X1-Story	□ Seasonal	□ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	XYear Round	□ 2	☐ (New) Sanitary Specify Type:	e: ⊏ Well
	☐ Conversion	2-Story		□ 3	☐ Sanitary (Exists) Specify Type:	e:
	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	min 200 gallon)
	☐ Run a Business on	□ No Basement		None	☐ Portable (w/service contract)	
	Property	☐ Foundation			☐ Compost Toilet	
	The state of the s				None	
Existing Structur	Existing Structure: (If permit being applied for is relevant to it)	r is relevant to it)	Length: スム	7	Width: 36	Height: 16
Proposed Construction:	uction:		Length:		df	Height:

Proposed Use	•	Proposed Structure	Q.	Dimensions	Square Footage
	X	Principal Structure (first structure on property)	1 S'H	x 36)	1994
			_	х)	
`		with Loft	^	x }	
Residential Use		with a Porch	(x)	
ĺ		with (2 nd) Porch	^	x)	
		with a Deck	(х)	
,		with (2 nd) Deck	(х }	
Commercial Use		with Attached Garage	^	×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×)	
		Addition/Alteration (specify)	-	X)	
Municipal Use		Accessory Building (specify)	(×)	
Hec'd for Issuance		Accessory Building Addition/Alteration (specify) '	•	×)	
7					
		Special Use: (explain)	_	×	
	П	Conditional Use: (explain)	- ,	×	
TECHERAL SIGN	Ь	Other: (explain)	-	×	
		A District Control of the Control of			

I (we) declare that this applic am (are) responsible for the may be an esuit of Bayfield Shove described property at FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) archord the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further acceptadd County relying og this.Lufzigmation I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have a constructed to the purpose of inspection. wledge that I (we) ept liability which arcess to the

Owner(s): Authorized Agent: (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Date 🛇 ر سو لز

Date

Attach

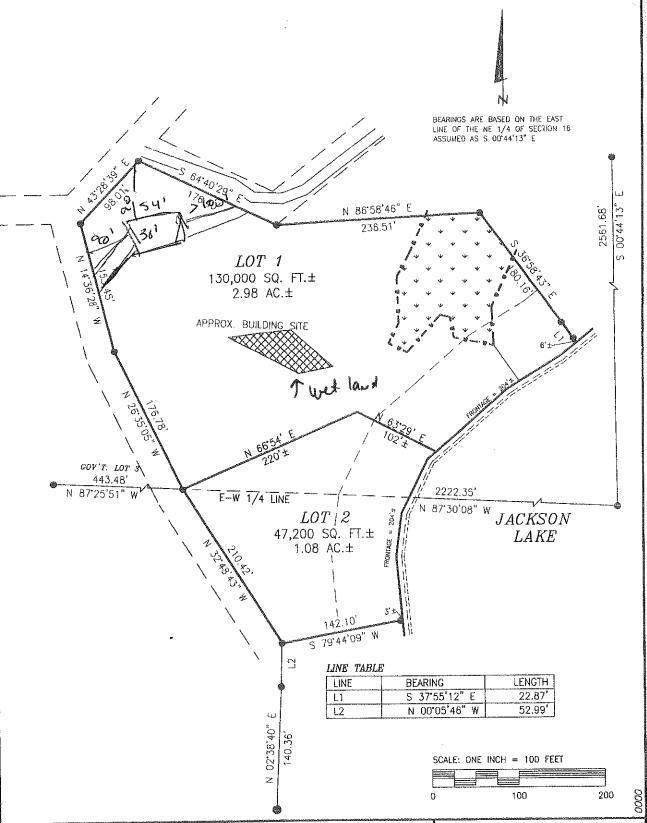
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Hold For Sanitary: Hold For TBA:	Signature of Inspector:	,	Not to haman Habitation	Date of Inspection: 475/		Delineated Yes		Lot		Permit Denied (Date):	NOTICE: All Land Use I For The Construction Of New O The lo	E a	Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3).	Setback to Privy (Portable, Composting)	Setback to Septic Tank or Holding Tank	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)	Please complete (1) – (7) above (prior to continuing)	Sac attac	[1] Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show: (7) Show any (*): (8) Show any (*): (8) Show any (*): (9) Show Location of (*): (1) Show: (1) Show: (2) Show / Indicate: (3) Proposed Construction (4) On Plot Plan (5) Prontage Road (Name Frontage Road (Name Frontage Road) (8) Show: (9) Well (W); (1) Septic Tank (ST); (1) Drain Field (DF) (1) Show any (1): (1) Show and (1) Show and (1) Stream/Creek; or (1) Pond (2) Show and (2) Show and (3) Show and (4): (1) Show and (4): (1) Show and (2) Show and (3) Show and (4): (2) Show and (3) Show and (4): (3) Show and (4): (4) Show and (5) Show and (6): (5) Show: (6) Show and (7): (7) Show and (8): (8) Show and (8): (9) Show and (9): (1) Show and (1
Hold For Affidavit:		Pressione	Action: 10 les 11 NO - (11 NO	Inspected by: A	-	No No		(Deed of Record) 异No (Fused/Contiguous Lot(s)) 資No	Permit Date: 1	Reason for Denial:	Permits Expire One (1) Year from ne & Two Family Dwelling: ALL N cal Town, Village, City, State or F	ner, or verifiable by the Department by use	feet of the minimum required setback, the b t the owner's expense. '10) feet but jess than thirty (30) feet from th	Feet	Feet	400 Feet	SOO Feet	Feet	Measurement	:losest point)	tinuing)	ched	roperty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Front All Existing Structures on your Property All Existing Structures on Your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
vit: Hold For Fees; D			o ney need to be attached.)	Inspected by: \\\ \(\lambda \) \\\\ \(\lambda \) \\\\\\ \\ \\ \\ \\\ \\ \\ \\ \\ \\ \		Were Property Lines Represented by Owner Was Property Surveyed	/ariance (B.O.A.)	□ Yes			NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. mation (County Use Only) Sanitary Number: # of bedrooms: Sanitary Date:	of a corrected compass from a known corner within 500 feet	boundary line from which the setback must be meesured must be visit the minimum required sethack, the boundary line from which the seth		Setback to Well	20% Slope Area on property Elevation of Floodplain	Setback from Wetland	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description		Changes in plans must be a		raperty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
	Date of Approval 7			Date of Re-Inspection:	Zoning District (K) Lakes Classification (K)	Yes Yes		Affidavit Required ☐ Yes →☐ No Affidavit Attached ☐ Yes →☐ No			is not begun. Iform Dwelling Code. Sanitary Date:	of the proposed site of the structure, or must be	st be visible from one previously surveyed corner to the		Feet	☐ Yes ☐ No Feet	JSO Feet	ater mark) 400 Feet Feet	Measurement		Changes in plans must be approved by the Planning & Joning Denry		nd/or (*) Privy (P)

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO.

A PARCEL OF LAND LOCATED IN GOVERNMENT LOTS 3 AND 4 OF SECTION 33, T. 44 N., R. 9 W., IN THE TOWN OF GRAND VIEW, BAYFIELD COUNTY, WISCONSIN



LEGEND

IRON MONUMENT FOUND, AS NOTED 1" X 18" IRON PIPE SET THIS SURVEY, WT. 1.13 LB/FT

XX APPROXIMATE UNDELINEATED WETLAND DIDE DIMENSIONS ARE OUTSIDE DIAMETER

CLIENT: CARLSON/ROWE, K.

JOB NO. N16/072 DRAFTED BY: T.E.O. MAY 26, 2016 NB. 401 PG. 97

SCALE: ONE INCH = 100 FEET FILE: M/T44NR6W/SEC33 PSDATA/H16072 ACAD/H16072 ROWE SHEET 1 OF 2 SHEETS

Nelson SURVEYING **INCORPORATED**

SURVEYING YOUR NECK OF THE WOODS SINCE 1954

715) 682-2692 02: (715) 682-5100

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- N 0 0 0 0 0 0 1

MAP NO. CSM.